

Parkcare Homes (No.2) Limited

Marshlands

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 16 and 17 December 2015, this inspection was unannounced. Marshlands provides accommodation and support for up to 18 people who have a learning disability or autistic spectrum disorder. The service was last inspected in January 2014 and had met our standards of compliance.

At the time of our inspection 17 people were living at the service. 14 people lived in the main house and had their own bedroom either on the ground floor or first floor. One person lived in the penthouse located at the top of the service which had its own bathroom, bedroom and

lounge. Two people had their own personal flats, external from the main house which had a kitchen, bathroom and bedroom/lounge. All people had access to two communal lounge/dining areas, kitchen, shared bathrooms, and a laundry room. There was a large garden which people could access when they wished. Within the grounds was also a separate building which was called the day centre which people were able to use.

The service is run by a registered manager who was present on both days of the inspection visit. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had undergone many changes since the registered manager had taken up post in July 2015. There had been a large scale recruitment drive resulting in a new staff team and promotion of one staff member to the deputy position. The service had documented the improvements they had made in their internal audits and had identified areas for further improvements, which they were working towards.

Parts of the home were not safe. One person's bedroom contained an unguarded portable heater which was also a trip hazard. Another person's bedroom door had been propped open with a chair which would be a risk to the person in an event of a fire. Two windows did not have restrictors in place to minimise the risk of someone falling from the window. A cleaning product which should have been stored securely had been left in the bathroom cupboard and posed a potential risk for people.

Areas of medicine recording and administration were not safe. When people were prescribed occasional medicines it was not well documented how staff would be able to identify when the person required their medicine if the person was unable to ask for it. When people were prescribed creams, body maps or other guidance had not been implemented to inform staff where the person required their cream or what quantity they should receive. When the amount of medicine a person was prescribed changed, this had not been updated on the medicine record.

Staff received training so they were able to carry out their roles effectively but not all training was refreshed on a regular basis to ensure staff had the necessary skills for their roles. Staff have received appraisals and felt well supported but regular recorded supervisions were not evident.

Safety checks in fire safety and safe food storage were not conducted on a regular basis. It was not evident that feedback from people had been acted on and views actively sought to improve services.

Staff had received training in understanding how to keep people safe and guidance was available to assist them to raise concerns. However, staff we spoke with were not sure of their responsibilities or the processes to follow if they needed to raise concerns.

There were sufficient staff to meet people's needs and allow time for people to engage with staff in an unhurried and sociable way. Staff responded quickly to people when they asked for support.

Risk assessments were person centred and clearly described how staff could support people to remain safe. Accidents and incidents were logged and auditing completed to identify if there were repeating incidents which could be prevented.

Capacity assessments had been undertaken for people and there was a good understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Where people lacked capacity, applications to deprive them of their liberty had been made in their best interests following the correct processes. People had access to advocacy service if they requested or needed this.

Care plans were person centred, detailed and descriptive to inform staff of how people liked to receive their support. People were encouraged to be involved in their care plans as much as they wished. Each person was allocated a key worker and had monthly meetings with them. Within the care plans there was good guidance about helping people to manage their behaviours. Care plans also contained health action plans to promote people's wellbeing and address their health needs.

A day centre was available for people to use in the grounds of the service. A lot of work had been put into the day centre to make it a success and there was an employed activities coordinator who planned activities with people if they chose to participate. There were activities going on throughout both days of the inspection which different people took part in.

Staff cared about the people who lived at the service and wanted good outcomes for them. The interactions between staff and people were kind, patient and relaxed. Staff had a positive attitude and understood the values of the service.

Summary of findings

Staff felt supported by the registered manager and able to go to them for support and guidance at any time.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicine administration and recording lacked information to help support people receive their medicines safely. Safe administration practice was not consistent.

Staff were not clear in the reporting processes for keeping people safe.

Areas of the premises were unsafe and equipment had not been provided to keep people safe.

There were enough staff to support people and meet their individual needs.

There were detailed risk assessments which were person centred. Accidents and incidents were logged and audited to identify patterns.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not received all the training they required to be able to support people with their needs.

Staff felt well supported but there was a lack of recorded supervision.

Capacity assessment had been made for people. Where people lacked capacity the correct processes were followed and people had access to advocacy services.

People could choose what they would like to eat and had access to snacks and drinks when they wished.

Requires improvement



Is the service caring?

The service was caring.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to listen to what people were telling them and were interested in what they were told.

People could make their own choices which were respected and supported.

Staff demonstrated they wanted good outcomes for people and wanted to continue to improve the services people received. People were treated with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People had detailed and person centred care plans which they could be involved in if they wished.

Good



Summary of findings

There was a full programme of activities people could participate in in the service. If people did not want to take part this was respected.

There was a complaints procedure available to be people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

The service was not always well led.

Some safety and quality monitoring checks were inconsistent and action to improve some identified shortfalls had not been effective.

When people were asked for feedback in questionnaires and surveys it was not clear what action had been taken to respond and make improvements.

Staff felt able to go to the registered manager for support and guidance.

Staff demonstrated positive attitude to their work and it was evident the service was trying hard to improve the service people received.

Requires improvement



Marshlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 and 17 December 2015 and was unannounced. The inspection was conducted by two inspectors on the first day and one inspector on the second. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and

undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The registered manager was also asked to send us some further information after the inspection, which they did in a timely manner.

During the inspection we spoke with 11 people, six staff, the registered manager, a member of the positive behaviour team employed by the company and one visitor who was assessing staff for their diplomas in healthcare. Not all people were able to express their views clearly due to limited communication skills, others could. We observed interactions between staff and people. We looked at a variety of documents including four peoples support plans, risk assessments, activity plans, daily records of care and support, staff recruitment files, training records, medicine administration records, minutes from staff meetings and quality assurance information.

Is the service safe?

Our findings

One person told us, “I can talk to the manager if I’m unhappy, I feel safe here, the staff support me”.

Windows were fitted with restrictors to maintain people’s safety apart from the windows in the first floor bathroom and toilet. There was some cleaning product which had been left in the unlocked cupboard under the sink in the bathroom which should have been stored with other cleaning materials securely. Although this was removed immediately when we pointed this out to the registered manager, it could have potentially harmed people if they had access to it. One person had wedged open their bedroom door with their armchair which was torn and damaged on the arm; there was no Doorguard on this door. A Doorguard is a safety device which will automatically close an open door in the event of the fire alarm being activated. One person’s radiator was not working and they had been given a portable heater. Their room was quite small and the portable heater was very hot to touch and was unguarded, it was also a trip hazard as it was positioned in the middle of the floor. This posed a danger to this person.

The provider had not ensured the premises was safe for people to use and had not provided appropriate equipment to mitigate the risk of harm to people. This is a breach of regulation 12 (2)(d)(e).

One staff member who had not received their medicine training told us they would take medicines to a person once it had been dispensed by a trained staff member. They then gave the medicine to the person and took the pot back to the staff who had originally dispensed the medicine who would then sign the medication administration record (MAR). This is not safe practice and it did not follow the providers own medicines policy which stated “All medication should be administered by a suitably qualified member of staff”. One person had been prescribed cream but no body map had been completed to identify to staff where they should apply the cream or how much the person required. One person was prescribed occasional medicine (PRN) for pain relief but there was no guidance recorded for what signs and symptom staff should look out for to support this person who was unable to ask for their medicine. One person was prescribed pain relief twice daily which had now been changed by their GP

to PRN. The MAR did not reflect this change which still stated they were to be given this medicine twice per day. This could lead to an error being made by staff who were not familiar with this person’s needs.

Safe medicine practices were not being followed which is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people required support to take their medicines safely. There was an up to date policy to inform staff of the safe way medicines should be handled. Monthly auditing of medicines was conducted by the team leaders and staff received training before administering medicines. Most people kept their medicine in their bedrooms in lockable cupboards; some people’s medicines were locked in a cupboard in the team leader’s office. The registered manager conducted spot checks on staff administering medicines and used a form called “Medication competency practical assessment” to record this. If any mistakes were made with administering medicines the registered manager would re-assess staff before they were permitted to administer medicines again.

Although staff had received training in understanding how to keep people safe and what they should do if they needed to report concerns, staff we spoke with were not sure of their responsibilities or the processes to follow. This placed people at risk as alleged abuse may not be reported. One staff told us, “I would go to the registered manager about any suspected abuse. I don’t know who deals with safeguarding. I think more training around safeguarding processes would be good. I think the manager is going to be doing more. There is information in the team leader’s office about safeguarding”. Another staff told us, “I could call the police or the CQC (Care Quality Commission), not sure who else I could call. I’m sure they’ve gone over this with me, it doesn’t always sink in when you doing lots of training”.

The provider did not have an effective system in place to respond to allegations of abuse. This is a breach of Regulation 13(3) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes were in place to protect people; however some required information was missing. Gaps in employment history had not been fully explored for one staff, and one picture was missing from a staff file. This is an area we have identified as requiring improvement.

Is the service safe?

Disclosure and Barring Service checks had been made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks had been made prior to new staff beginning including reference checks, health checks and identification was available on individual files.

There was sufficient staff deployed in the service to keep people safe. There were 27 support workers in total which included two team leaders and one flexi worker. Additionally there was a registered manager, deputy manager, an administrator, a maintenance person, a groundsman, an activities co-ordinator, and a cook. There was a minimum of five staff from 9:00am to 9:00pm or 9:30pm plus an additional 9:00am to 5:00pm. At night time there was one wake night and one sleep in staff. The person who lived in the penthouse had their own staff team and was supported by two staff throughout the day and evening and one wake staff at night. The penthouse staff occasionally worked in the main house to cover annual leave or sickness. Some people went out independently

and other people required support from staff. We observed that people were responded to quickly when they required any assistance and staff had the time to interact with people throughout the day.

People had risk assessments for all aspects of their care and assessments described how staff could support people to reduce risks. For example one person's challenging behaviour risk assessment said, "I do not understand complex sentences and staff should not try to engage me as this will often mean my behaviours escalate and this could lead to me significantly harming you". We observed staff communicating with this person in the way described in the guidance and staff clearly understood this persons needs well. Accidents and incidents were logged and investigated to see if additional measures could be implemented to prevent repeating incidents occurring. A visitor told us, "They even thought about the garden as (person) will eat everything, they checked if there were any poisonous plants".

Is the service effective?

Our findings

A visitor told us, “Staff seem knowledgeable and have good understanding. There are no restrictions for people visiting; I’ve been impressed with the language staff use”.

Staff had not received training in supporting people who may have epilepsy and under half of the staff team had current training in basic life support. This meant that staff would not be able to support people effectively should they need support with their individual health needs.

Staff had received appraisals but recorded supervision was not consistent. The registered manager told us that they talked to staff throughout their shifts and staff told us they felt well supported. However, the internal service review on 10 November 2015 had identified that staff supervisions required action and stated these should be conducted every six to eight weeks. This was also highlighted on the internal monitoring inspection conducted on 26 October 2015. One staff said, “I can’t remember the last time I had supervision but the manager has an open door policy so I can chat to her at any time”.

The provider had failed to ensure staff received essential training necessary for their role, and had not ensured that staff received supervision. This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received an induction which included time spent shadowing experience staff and completing online training. The induction covered areas such as care plans, risk, safeguarding, and complaints. The length of time a new staff would shadow would depend on their prior experience and competencies. Staff had received other training to carry out their roles effectively and demonstrated understanding of good practice. Staff completed a mixture of online and face to face training.

Staff had been working intensely with one person who had complex and challenging behaviours. This person had made significant progress since moving into the service and was able to socially engage with others when before this had not been possible. A visitor told us, “I’ve been really impressed. Activities have improved for (the person). The team work hard with communication”. People’s care plans included information about if people were able to consent or if they required support from advocacy services. For example in one person’s care plan it stated “I am able

to consent in terms of participation in task or activities however on a larger scale this would need to be discussed via the route of best interest meeting if a complex decision needed to be made”. Some people could read, others required support to understand written documents. There was information about advocacy on the main notice board for people should they require it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was assessed and staff understood the requirements of the Act. The registered manager had made 13 DoLS applications to the Supervisory Body and three had been authorised, and conditions were being complied with. The service had correctly notified the Commission when authorisations had been granted.

The registered manager had changed around the layout of the communal living areas to be better suited for people to use. Previously there had been one lounge and one dining room, now both rooms were used for multi-use which meant people were able to have more space to socialise and choose where they would like to take their meals or relax. We observed people moving freely around the service and making their own choices about where they wanted to be. The small lounge had been newly decorated and people had been involved by being given different samples of wall paper to choose from. The other lounge and other areas of the service were due to be redecorated and looked tired and were damaged in places. The service had a plan for improving the environment which they were working towards completing.

The activities co-ordinator organised weekly “Your Voice” meeting with people where they would talk about meals

Is the service effective?

and food choices for the upcoming week. Some people were helped to manage their weight and were encouraged to think about healthy meal options. There was a folder which was full of many pictures of various meals that were used to help people understand the different food options available. Choices included “eggy bread and tinned tomatoes”, “cowboy hot pot, carrots and cabbage”, and “spaghetti carbonara”. The activities co-ordinator said she was thinking of ways to improve this further and would be making pictures bigger and thinking of more choices for people. The menu was pinned in the kitchen detailing who had chosen which meal for each day of that week. The weekly shopping was ordered on line and delivered and people would go out through the week to buy any top up’s needed. There were standby options on offer should people decide they wanted something different. There was plenty of food and snacks available in the larder which people could access. People had their meals together in a sociable and relaxed way. One person said, “This is nice, I’m

enjoying it”. Another person told us that they liked the food they were offered. Staff were available throughout the meal to support people should they need it and brought out extra food and drink when people requested it.

People were supported to manage their health needs. People had healthcare action plans which gave information about their health needs and the support they required to manage this. One person was feeling unwell on the second day of our inspection and a doctor’s appointment was made immediately. The person was supported by a staff member to attend the surgery. It had been identified that one person had lost weight and they were being supported by staff to visit their GP monthly where they would be weighed. People had easy read leaflets in their care files about the medicines they were prescribed. Leaflets gave people information about the side effects that they may experience from taking their medicines.

Is the service caring?

Our findings

People enjoyed interacting with each other and staff. One person told us, “I’m looked after, the staff are nice. I can go to the manager if I need to”. People spent time together talking about their common interests such as football, computer games, where they liked to go and what they were doing. People moved about freely and could spend time in their bedrooms or communal areas. Two people spent time together in the small lounge in the afternoon playing computer games and chatting. Two people spent time walking around the service together.

People were eager to show us around and were proud of their bedrooms. Bedrooms were decorated in a way people preferred and people had lots of personal items in their rooms including photographs of family and equipment for hobbies and interest. One person had set up a disco in their room with flashing lights and music.

People wandered in and out of the main office chatting to the registered manager and other staff freely and without restriction. Staff understood people who had difficulty verbalising their needs and wants and could communicate according to the person’s preference. One person spoke to the registered manager about the forthcoming Christmas party which had been planned for the following Monday. This person was not sure if they wished to attend this event yet, and the registered manager said this was fine and they could decide on the day and they could arrange for them to go if they decided they wanted to.

People sat with the activities coordinator making Christmas decorations. One person became increasingly anxious and repeated the same question which they were worried about. The activities coordinator responded in a patient and caring way to help this person’s anxieties decrease.

Another person gave the activities coordinator a kiss on the cheek and smiled. The activities co-ordinator said, “We do dancing, singing karaoke, and throwing the ball to each other, some people don’t like the activities. (Person) doesn’t like to come over that often, they don’t like to be around others too much. I saved them a tree decoration so we could do it together. This person wandered over to the day centre independently and we had a cup of tea together which was a big step”.

A person came back from their Christmas concert and showed staff the presents they had been given by their family members who had gone to watch the show. The person was delighted with their presents and wanted the staff to keep them safe. The person said, “I’m spoilt, I was crying (with happiness) when I saw my relatives”. The person then showed the staff a picture of their nephew. The staff said, “Wow, we will frame this”. Their discussion continued and it was clear that staff were interested in what the person was saying, had a good understanding of how they preferred to communicate and what was important to them. The person said to the staff member “Come in on Christmas day and help me open my presents”. The staff member responded they would be in to wish them a merry Christmas on Christmas day.

People and staff ate their meals together. Staff interacted with people throughout their meal asking people if their food was okay. People were relaxed and unrushed throughout their meal. When people chose to eat alone this was respected. A visitor commented, “Everyone is treated equally and confidentiality is good. Peoples individuality is supported and respected, they (the staff) are very diverse”. When people were supported to take their medicines staff were patient and respectful and told people what they were being given.

Is the service responsive?

Our findings

Each person had their own personalised care plan. One person said, “I know about my care plan, I can look at it sometimes. I get asked for my opinion and have choice”. Care plans contained pictures and were written in a simple, easy to understand way. Some people helped staff to write their care plans. When people were unable to do this they were involved in being part of their care planning process by joining meetings to discuss their care needs. Support plans contained information about people’s personal preferences. For example, one person’s plan for medicines said, “I would like to be able to take my tablets; I pass the cup under my legs from one hand to another prior to taking my tablets”. People had individual night time routines which detailed how people preferred to spend their evenings and when they liked to go to bed. There was a personal profile at the front of care files which gave a snapshot of the persons care and support needs. This included communication, consent, hobbies and interests, personal hygiene, medication, challenging behaviour, safety and safeguarding.

People were able to engage in activities of their choice when they chose. One person told us, “I sometimes help do the garden if I want to. I’m planning to go on holiday next year with the deputy manager”. People were supported to attend a range of educational and occupational activities and staff supported people to undertake a choice of leisure activities within the home and in the community. People went out on both days of the inspection to do different activities. One person returned from their work placement where they worked in the kitchen and showed staff the cake that they had made. This person told us that they volunteered as they loved to cook and wanted to be a chef in the future. This person had their own computerised tablet that they was using to watch a cooking programme on and look at things they wished to buy on eBay. Other people left the service to go to singing practice on the first day of the inspection in preparation of the Christmas concert they would be part of the following day. One person came to the lounge and sang songs they had rehearsed when they returned home.

An activities co-ordinator was in post who had developed individual activity plans and tailored them to each person’s interests. Activities included attending church, singing practice for a Christmas concert, arts and crafts, gardening,

home visits, concerts, pub visits, swimming, “give it a go” and sensory sessions at Folkestone leisure centre, shopping trips and discos at the day centre. Activity plans were flexible and people did not have to participate if they did not want to.

One person’s activity plan stated that they were going to be doing the gardening in the morning. We asked this person if they had chosen this activity, they told us that they had decided not to do it today as it was too cold. The activities co-ordination engaged with different people doing various activities either in the main house or the day centre. People made Christmas decorations to put on the decorative trees and other people had a game of bingo and had won prizes. There was an activity planner but this was flexible, depending on what people wished to do.

The service had refurbished the day centre which was being utilised by people for doing arts, crafts and other activities. The registered manager said she felt the day centre was their “trophy”, a real achievement. The day centre was well used and full of Christmas themed arts and crafts which people had helped to do. There was a snowman made of plastic cups, Christmas decorations made out of salt dough, a fireplace people had made together which decorated the entrance hall, and a Christmas photo board that was going to be used at the Christmas party for people to have their photograph taken in. There was a kitchen attached to the day centre which the registered manager planned to develop so people could practice life skills such as cooking and daily living tasks to increase their independence. There was a real sense of inclusion and engagement with people within the service. In September the service hosted “Party in the Marsh” where people from other services in the organisation were invited to attend a party in the gardens. Over 100 people attended and the service had received many thank you letters and compliments about this event. There were photos of people in the garden enjoying the party. People had access to two vehicles and the person in the penthouse had their own vehicle for attending outside activities.

There was an easy read complaints poster in the entrance of the service; The main complaints policy had been updated in January 2014 and included information about timescales for responding, what the process for responding would be, where people could refer their complaints to if unhappy with the response they received and the duty of

Is the service responsive?

candour which refers to the responsibilities the registered person has if things go wrong with the treatment and care people receive from the service. No complaints had been received this year. Written compliments from people highlighted the good work that had been done with a person who had made positive progress in the service.

Comments included, “You went above and beyond to make the placement successful, many other providers would not have gone the extra mile in planning care in this impressively person centred way” and “I have discussed this as a case study worth sharing so others can learn at the transforming care network for the South of England”.

Is the service well-led?

Our findings

The registered manager was registered with the Commission in July 2015 and had previously been a registered manager at another service within the company as well as a trainer. She had obtained the qualification recognised for managing a residential service. The registered manager and deputy manager were undertaking a qualification in behaviour support. The registered manager was also the manager of another service which was also located on the same grounds. She spent two days at the other service and three days at this service. The deputy was responsible for overseeing the service when the registered manager was not present. One staff told us, “The manager is approachable; if you need support she will give it to you”.

Improvements had been made in the service which were documented in the internal audits, and there had been some very positive work to support people who had specific and challenging needs. The service had identified areas in need of improvement and were working towards them. These included repairs and updates to decoration to the service, improving the cleanliness of some areas of the service, updating all the care files so they were all of a good standard, continuing to develop the activities available, and implementing specialist training for staff. However, where some shortfalls had been identified and communicated to staff, the shortfalls remained. For example there were gaps in checking the fire alarm system, fire doors and in the recordings of the fridge and freezer temperature. This had been raised in team meetings but these essential checks continued to be missed. In addition we found gaps in some medicine records and guidance that had not been identified or acted on to rectify. The first floor shower room was not clean. There was visible dirt and stagnant water on a slip mat which had been left in the shower cubicle for some time and there was grime around the shower unit base. Cleanliness of the home was an area the internal audits had identified as in need of improvement. Some documentation needed to be updated including the easy read complaints policy as it named a previous manager as the person to complain to.

People had been given a form called “Have your say questionnaires” to complete. The registered manager said these were completed prior to her starting her role, new ones had not been completed since. The completed questionnaires were not dated and it was not evident what action had been taken from the feedback received. We did not see any other evidence of questionnaires or surveys asking people to give feedback about the service they received or what they thought could improve.

The provider’s systems for quality monitoring were not effective and feedback from people, staff and relatives was not acted upon. This is a breach of Regulation 17(1)(2)(a)(b) (e) (f) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a clear aim about how to improve the service for the benefit of the people who used it. Since the registered managers appointment the service has undergone many changes including a large scale recruitment drive and promotion of one of the support workers to be the deputy manager. One staff commented, “We’ve been through a turbulent time. The manager has done wonders. Everyone here is really caring; a lot of them go above and beyond”. Another staff said, “Before the manager came there was no structure, there was no team leader. There were no activities and we saw a lot of behaviours we don’t even see now”.

People were allocated a key worker and key workers had monthly meetings with people to discuss areas such as their support plans, my room, health, safety, activities, concerns I have, ideas I have, future plans and other things. The staff felt well supported and we observed an open and inclusive culture. One staff said, “The registered manager is a good manager she is fair. We have all worked hard to improve the home”. Another staff commented, “I think there’s a good culture here, I love my team”. Staff were able to discuss areas to improve or what was going well at staff meetings. Staff meetings had occurred regularly and discussions included rotas, training, incidents, language, interaction with people and allocation of activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured the premises was safe for people to use and had not provided appropriate equipment to mitigate the risk of harm to people. Safe medicine practices were not being followed. Regulation 12(2)(d)(e)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not have an effective system in place to respond to allegations of abuse. Regulation 13(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure staff received essential training necessary for their role, and had not ensured that staff received supervision. Regulation 18(2)(a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider's systems for quality monitoring were not effective and feedback from people, staff and relatives was not acted upon. Regulation 17(1)(2)(a)(b)(e)(f).